



RMP\*Submit - [Metropolitan Water District]

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## 1. Registration Information

ExecutiveSummary

Section 2 Section 3 Section 4 Section 5 Section 6 Section 7 Section 8 Section 9

**1.1 Source Identification**

a. Facility Name: MWD - Clean Lake Treatment Plant

b. Parent Company 1 Name: Metropolitan Water District

c. Parent Company 2 Name:

**1.2 RMP Facility Identifier:**

**1.3 EPA Identifier:** 190034812300

**1.4 Dun and Bradstreet Numbers (DUNS):**

a. Facility DUNS:

b. Parent Company 1 DUNS:

c. Parent Company 2 DUNS:

< Back Next > Close

Enter Facility Name. NUM OVR

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## 1. Registration Information

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**1.5 Facility Location Address**

a. Street 1: 1 Lakefront Drive

b. Street 2:

c. City: Los Angeles d. State: CA e. Zip: 20290 Zip Ext.: 5456

f. County: Los Angeles

**Facility Latitude and Longitude (You may enter as Deg/Min/Sec or Decimal Degrees.)**

To display the Latitude and Longitude range for my County [Click Here](#)

g. Lat. (ddmmss.ssss): 34 56 07.0000 h. Long. (dddmmss.ssss): -119 47 05.0000

g. Lat. (dd.ddddddd): 34.935278 h. Long. (ddd.ddddddd): -119.784722

i. Method: A1

j. Description: CE

Facility: MWD - Clean Lake Treatment Plan

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Enter Facility Street - line 1 NUM OVR

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## 1. Registration Information

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**1.6 Owner/ operator:**

a. Name: MWD

b. Phone: (213) 392-1000

c. Mailing address:

Copy Facility Address

Street: 13191 Crossroads Parkway North

City: City of Industry State: CA Zip: 91746 Ext: 3497

**1.7 Name and title of person responsible for part 68 implementation.:**

a. RMP contact: Greg Jeffery

b. RMP contact title: Manager

Facility: MWD - Clean Lake Treatment Plan

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Enter name of highest ranking company executive on-site. NUM OVR

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## 1. Registration Information

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**1.8 Emergency contact:**

a. Name: Paul Peterson

b. Title: Director of Operations

c. Phone: (213) 221-4455

d. 24-hour phone: (213) 998-9956

e. Ext. or PIN:

**1.9 Other points of contact:**

a. Facility or Parent Company E-Mail Address: water@mwd.com

b. Facility Phone: (213) 456-7890

c. Facility WWW Homepage Address: www.mwd.com/lacounty

Facility: MWD - Clean Lake Treatment Plan

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Enter name of Emergency Contact. NUM OVR

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## 1. Registration Information

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Section 2 Section 3 Section 4 Section 5 Section 6 Section 7 Section 8 Section 9

1.10 LEPC: LA County

1.11 Number of full time employees: 4

1.12 Covered by:

a. OSHA PSM: ☒

b. EPCRA 302: ☒

c. Air operating permit ID:

1.13 OSHA Star or Merit Ranking: ☐

1.14 Last Safety Inspection: 05/15/1998

Inspected by State OSHA

1.15 To register covered processes click Process button: Process

**End of Registration Information Section**

Facility: MWD - Clean Lake Treatment Plant

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Select Facility LEPC by county. NUM OVR

**RMP\*Submit**

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## Covered processes for Facility: MWD - Clean Lake Treatment Plant

### 1.15 Processes

Are you claiming CBI in this section? ☐

Process ID: 1 Description Program level Program Level 3 NAICS

#### Process / Chemicals

ID	Chemical Name	CAS Nr.	Type	Qty (lbs.)
1	Chlorine	7782-50-5	T	360,000
2	Ammonia (anhydrous)	7664-41-7	T	50,000
*				

Process: Back Next Add Delete Close

Select NAICS codes associated with this process. NUM OVR

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Covered processes for Facility: MWD - Clean Lake Treatment Plant

## 1.15 Process/NAICS Codes

Process ID: 1

Are you claiming CBI in this section? ☐

NAICS ID	ProcessID	NAICS Code
1	1	22131
*	1	

Close

Process /

ID	Chemical Name	Qty (lbs.)
1	Chlorine	360,000
2	Ammonia (anhydrous)	50,000
*		

Process: Back Next Add Delete Close

Select NAICS code

NUM OVR

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## 2. Toxics: Worst Case

Are you claiming CBI in this section? ☐

2.1 Chemical Name: Chlorine Percent Weight: 100.0

2.2 Physical State: Gas

2.3 Results based on: EPA's Offsite Consequence Analysis Reference Tables

2.4 Scenario: Toxic Gas Release

2.5 Quantity released: 180,000 lbs

2.6 Release rate: 18000.00 lbs/min

2.7 Release duration: 10.0 mins

2.8 Wind speed: 1.5 m/sec

2.9 Stability class: F

2.10 Topography: Rural

2.11 Distance to Endpoint: 6.20 mi

2.12 Residential population within distance: 1,200

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Record: 1 of 1

Percent weight of chemical (i.e., 12.5% = .125)

FLTR NUM OVR

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## 2. Toxics: Worst Case

Are you claiming CBI in this section? ☐

**2.13 Public receptors (check all that apply)**

a. Schools: ☒ d. Prisons: ☐  
b. Residences: ☒ e. Public recreational areas or arenas: ☒  
c. Hospitals: ☒ f. Major commercial, office or industrial areas: ☒

**2.14 Environmental receptors within distance (check all that apply)**

a. National or state parks, forests, or monuments: ☐  
b. Officially designated wildlife sanctuaries, preserves or refuges: ☒  
c. Federal wilderness areas: ☐

**2.15 Passive mitigation considered (check all that apply)**

a. Dikes: ☐ d. Drains: ☐  
b. Enclosures: ☐ e. Sumps: ☐  
c. Berms: ☐ f. Other (Specify):

Graphic file name:  **End of Section 2**

< Back Next > Close

Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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## 3. Toxics: Alternative Release

Are you claiming CBI in this section? ☐

**3.1 Chemical Name:**  **Percent Weight:**

**3.2 Physical State:**

**3.3 Results based on:**

**3.4 Scenario:**

**3.5 Quantity released:**  lbs

**3.6 Release rate:**  lbs/min

**3.7 Release duration:**  mins

**3.8 Wind speed:**  m/sec

**3.9 Stability class:**

**3.10 Topography:**

**3.11 Distance to Endpoint:**  mi

**3.12 Residential population within distance:**

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Percent weight of chemical (i.e., 12.5% = .125) FLTR NUM OVR

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Are you claiming CBI in this section? ☐

### 3. Toxics: Alternative Release

**3.13 Public receptors (check all that apply)**

a. Schools: ☐ d. Prisons: ☐  
b. Residences: ☒ e. Public recreational areas or arenas: ☐  
c. Hospitals: ☒ f. Major commercial, office or industrial areas: ☒

**3.14 Environmental receptors within distance (check all that apply)**

a. National or state parks, forests, or monuments: ☐  
b. Officially designated wildlife sanctuaries, preserves or refuges: ☒  
c. Federal wilderness areas: ☐

**3.15 Passive mitigation considered (check all that apply)**

a. Dikes: ☐ d. Drains: ☐  
b. Enclosures: ☐ e. Sumps: ☐  
c. Berms: ☐ f. Other (Specify):

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Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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Are you claiming CBI in this section? ☐

### 3. Toxics: Alternative Release

**3.16 Active mitigation considered (check all that apply)**

a. Sprinkler systems: ☐ f. Flares: ☐  
b. Deluge system: ☐ g. Scrubbers: ☐  
c. Water curtain: ☐ h. Emergency shutdown systems: ☐  
d. Neutralization: ☐ i. Other (Specify):   
e. Excess flow valve: ☐

Graphic file name:

End of Section 3

< Back Next > Close

Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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## 4. Flammables: Worst Case

Are you claiming CBI in this section? ☐

4.1 Chemical Name: 1-Chloropropylene [1-Propene, 1-chloro-]

4.2 Results based on: EPA's Offsite Consequence Analysis Reference Tables

4.3 Scenario: Vapor Cloud Explosion

4.4 Quantity released: 200 lbs

4.5 Endpoint used: 1 PSI

4.6 Distance to Endpoint: 20.00 mi

4.7 Residential population within distance 1,000

4.8 Public receptors (check all that apply)

a. Schools	<input type="checkbox"/>	d. Prisons	<input type="checkbox"/>
b. Residences	<input checked="" type="checkbox"/>	e. Public recreational areas or arenas	<input type="checkbox"/>
c. Hospitals	<input type="checkbox"/>	f. Major commercial, office, or industrial areas	<input type="checkbox"/>

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Record: 1 of 1

Select analytical model from list (or enter other if applicable). FLTR NUM OVR

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## 4. Flammables: Worst Case

Are you claiming CBI in this section? ☐

4.9 Environmental receptors within distance (check all that apply)

a. National or state parks, forests, or monuments	<input type="checkbox"/>
b. Officially designated wildlife sanctuaries, preserves, or refuges	<input checked="" type="checkbox"/>
c. Federal wilderness areas	<input type="checkbox"/>

4.10 Passive mitigation considered (check all that apply)

a. Dikes	<input type="checkbox"/>
b. Fire walls	<input type="checkbox"/>
c. Blast walls	<input type="checkbox"/>
d. Enclosures	<input checked="" type="checkbox"/>
e. Other (Specify)	

Graphic file name:

End of Section 4

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Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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## 5. Flammables: Alternative Release

Are you claiming CBI in this section? ☐

**5.1 Chemical Name:** 1-Chloropropylene [1-Propene, 1-chloro-]

**5.2 Results based on:** EPA's Offsite Consequence Analysis Reference Tables

**5.3 Scenario:** Fireball

**5.4 Quantity released:** 111 lbs

**5.5 Endpoint used:** 1 PSI **LFL value:** 11.0 % Volume

**5.6 Distance to Endpoint:** 11.00 mi

**5.7 Residential population within distance:** 122

**5.8 Public receptors (check all that apply)**

a. Schools	<input type="checkbox"/>	d. Prisons	<input type="checkbox"/>
b. Residences	<input checked="" type="checkbox"/>	e. Public recreational areas or arenas	<input type="checkbox"/>
c. Hospitals	<input type="checkbox"/>	f. Major commercial, office, or industrial areas	<input checked="" type="checkbox"/>

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## 5. Flammables: Alternative Release

Are you claiming CBI in this section? ☐

**5.9 Environmental receptors within distance (check all that apply)**

a. National or state parks, forests, or monuments	<input type="checkbox"/>
b. Officially designated wildlife sanctuaries, preserves, or refuges	<input checked="" type="checkbox"/>
c. Federal wilderness areas	<input type="checkbox"/>

**5.10 Passive mitigation considered (check all that apply)**

a. Dikes	<input type="checkbox"/>
b. Fire walls	<input type="checkbox"/>
c. Blast walls	<input type="checkbox"/>
d. Enclosures	<input checked="" type="checkbox"/>
e. Other (Specify)	

< Back Next > Close

Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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## 5. Flammables: Alternative Release

Are you claiming CBI in this section? ☐

5.11 Active mitigation considered (check all that apply)

a. Sprinkler system ☐

b. Deluge systems ☐

c. Water curtain ☐

e. Excess flow valve ☒

f. Other (Specify)

Graphic file name:

**End of Section 5**

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Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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## 6. Accident History

Are you claiming CBI in this section? ☐

Reported Accident Number: 1

6.1 Date: 05/31/1996 6.2 Time (HHMM): 0800 (AM) 6.3 NAICS code: 22131

6.4 Release duration (HH:MM): 001:00

6.5 Chemical(s): Click Chemicals button to report chemicals in this accident.

**Chemicals**

6.6 Release event (Select at least one)

a. Gas release: ☒

b. Liquid spill/evaporation: ☐

c. Fire: ☐

d. Explosion: ☐

6.7 Release source (Select at least one)

a. Storage vessel: ☐

b. Piping: ☒

c. Process vessel: ☐

d. Transfer hose: ☐

e. Valve: ☐

f. Pump: ☐

g. Joint: ☐

h. Other (Specify):

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Record: 1 of 1

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Are you claiming CBI in this section? ☐

6. Accident History

Reported Accident Number: 1

6.8 Weather conditions at time of event

a. Wind speed:

2.0

Units: meters/second

Direction: SE

b. Temperature:

70

Degrees Fahrenheit

c. Stability class:

B

d. Precipitation present:

☐

e. Unknown:

☐

6.9 On-site impacts

Workers:Public responders:Public:

a. Deaths

b. Injuries

1

c. Property damage (\$):

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Close

Record: 1 of 1

Enter wind speed in meters per second.

FLTR

NUM

OVR

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Are you claiming CBI in this section? ☐

## 6. Accident History

Reported Accident Number: 1

**6.10 Known Off-site impacts**

a. Deaths:

b. Hospitalization:

c. Other medical treatments:

d. Evacuated:

e. Sheltered-in-place:

f. Property Damage:

g. Environmental damage

Fish or Animal Kills: ☐ Y ☐ N ☐ U

Minor defoliation: ☐ Y ☐ N ☐ U

Major defoliation: ☐ Y ☐ N ☐ U

Water contamination: ☐ Y ☐ N ☐ U

**6.11 Initiating event**

a. Equipment Failure: ☐ Y ☐ N ☐ U

b. Human Error: ☒ Y ☐ N ☐ U

c. Weather Condition: ☐ Y ☐ N ☐ U

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Record: 1 of 1

Enter number of deaths (including non-employees on-site.) FLTR NUM OVR

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Are you claiming CBI in this section? ☐

## 6. Accident History

Reported Accident Number: 1

**6.12 Contributing factors**

a. Equipment failure: ☐ Y ☐ N ☐ U

b. Human error: ☒ Y ☐ N ☐ U

c. Improper procedures: ☐ Y ☐ N ☐ U

d. Overpressurization: ☐ Y ☐ N ☐ U

e. Upset condition: ☐ Y ☐ N ☐ U

f. By-pass condition: ☐ Y ☐ N ☐ U

g. Maintenance activity/inactivity: ☐ Y ☐ N ☐ U

h. Process design: ☐ Y ☐ N ☐ U

i. Unsuitable equipment: ☐ Y ☐ N ☐ U

j. Unusual weather condition: ☐ Y ☐ N ☐ U

k. Management error: ☒ Y ☐ N ☐ U

**6.13 Offsite responders notified:** ☐ Y ☒ N ☐ U

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Record: 1 of 1

Select appropriate contributing factors choice. FLTR NUM OVR

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Are you claiming CBI in this section? ☐

## 6. Accident History

Reported Accident Number: 1

6.14 Changes introduced as a result of the accident (Choose at least one)

a. Improved or upgraded equipment:	<input type="checkbox"/>	g. Revised Emergency response plan:	<input type="checkbox"/>
b. Revised maintenance:	<input type="checkbox"/>	h. Changed process:	<input type="checkbox"/>
c. Revised training:	<input checked="" type="checkbox"/>	i. Reduced inventory:	<input type="checkbox"/>
d. Revised operating procedures:	<input type="checkbox"/>	j. None	<input type="checkbox"/>
e. New process controls:	<input type="checkbox"/>	k. Other(Specify):	<input type="text"/>
f. New mitigation systems:	<input type="checkbox"/>		

**End of Section 6**

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Record: 1 of 1

Press spacebar or click to select. FLTR NUM OVR

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

7.1 NAICS Code  7.2 Chemical(s)

7.3 Date on which the safety information was last reviewed or revised:

7.4 PHA

a. The date of completion of the most recent hazard review or update:

b. The technique used

What If: <input type="checkbox"/>	Failure Mode and Effects Analysis: <input type="checkbox"/>
Checklist: <input type="checkbox"/>	Fault Tree Analysis: <input type="checkbox"/>
What If/Checklist: <input checked="" type="checkbox"/>	Other (Specify): <input type="text"/>
HAZOP: <input type="checkbox"/>	

c. The expected date of completion of any changes resulting from the PHA:

Program ID: 1

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Record: 1 of 1

Press Enter key to select chemicals. NUM OVR

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

7.1 NAICS Code

7.3 Date on which this program was implemented: 1 Chlorine

7.4 PHA \*

a. The date of completion of the PHA:

b. The techniques used to conduct the PHA:

Chemical Name: Chlorine

What If/Consequence:

HAZOP: ☐

c. The expected date of completion of any changes resulting from the PHA: 10/30/1999

Program ID: 1

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

d. Major hazards identified (check all that apply)

Toxic release: ☒ Contamination: ☒

Fire: ☐ Equipment failure: ☒

Explosion: ☐ Loss of cooling, heating, electricity, instrument air: ☒

Runaway reaction: ☐ Earthquake: ☒

Polymerization: ☐ Floods (flood plain): ☐

Overpressurization: ☒ Tornado: ☐

Corrosion: ☒ Hurricanes: ☐

Overfilling: ☐ Other (Specify):

Program ID: 1

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Record: 1 of 1

Press spacebar or click to select.

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

**e. Process controls in use (check all that apply)**

Vents: <input checked="" type="checkbox"/>	Emergency air supply: <input type="checkbox"/>
Relief valves: <input checked="" type="checkbox"/>	Emergency power: <input checked="" type="checkbox"/>
Check valves: <input type="checkbox"/>	Backup pump: <input checked="" type="checkbox"/>
Scrubbers: <input checked="" type="checkbox"/>	Grounding equipment: <input type="checkbox"/>
Flares: <input type="checkbox"/>	Inhibitor addition: <input type="checkbox"/>
Manual shutoffs: <input checked="" type="checkbox"/>	Rupture disks: <input type="checkbox"/>
Automatic shutoffs: <input checked="" type="checkbox"/>	Excess flow device: <input checked="" type="checkbox"/>
Interlocks: <input type="checkbox"/>	Quench system: <input type="checkbox"/>
Alarms and procedures: <input checked="" type="checkbox"/>	Purge system: <input checked="" type="checkbox"/>
Keyed bypass: <input type="checkbox"/>	Other (Specify): <input type="text"/>

Program ID: 1

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Press spacebar or click to select.

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

**f. Mitigation systems in use (check all that apply)**

Sprinkler system: <input type="checkbox"/>	Water curtain: <input type="checkbox"/>
Dikes: <input type="checkbox"/>	Enclosure: <input type="checkbox"/>
Fire walls: <input type="checkbox"/>	Neutralization: <input type="checkbox"/>
Blast walls: <input type="checkbox"/>	Other (Specify): <input type="text"/>
Deluge system: <input type="checkbox"/>	

**g. Monitoring/detection systems in use (check all that apply)**

Process area detectors: <input checked="" type="checkbox"/>	Other (Specify): <input type="text"/>
Perimeter monitors: <input type="checkbox"/>	

Program ID: 1

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Press spacebar or click to select.

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

**h. Changes since last PHA update (check all that apply)**

Reduction in chemical inventory: ☐ Installation of perimeter monitoring systems: ☐

Increase in chemical inventory: ☐ Installation of mitigation systems: ☐

Change process parameters: ☐ None: ☐

Installation of process controls: ☒ Other (Specify):

Installation of process detection systems: ☐

**7.5 The date of the most recent review of operating procedures:**

**7.6 Training**

**a. The date of the most recent review or revision of training programs:**

**b. The type of training provided:**

Classroom: ☒ On the job: ☒ Other (Specify):

Program ID: 1

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Press spacebar or click to select. NUM OVR

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

**c. The type of competency testing used (select all that apply)**

Written test: ☐ Observation: ☒

Oral test: ☐ Other (Specify):

Demonstration: ☒

**7.7 Maintenance**

**a. The date of the most recent review or revision of maintenance procedures:**

**b. The date of the most recent equipment inspection or test:**

**c. The equipment tested:**

**7.8 Management of change**

**a. The date of the most recent change that triggered management of change procedures:**

**b. The date of the most recent review or revision of management of change procedures:**

Program ID: 1

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Press spacebar or click to select. NUM OVR

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Are you claiming CBI in this section? ☐

## 7. Prevention Program 3

7.9 The date of the most recent pre-startup review: 09/24/1995

7.10 Compliance audits

a. The date of the most recent compliance audit: 03/18/1999

b. Expected date of completion of any changes resulting from the compliance audit:

7.11 Incident investigation

a. The date of the most recent incident investigation:

b. The expected date of completion of any changes resulting from the investigation: 03/04/1998

7.12 The date of the most recent review or revision of employee participation plans: 05/21/1997

7.13 The date of the most recent review or revision of hot work permit procedures: 03/23/1998

7.14 The date of the most recent review or revision of contractor safety procedures:

7.15 The date of the most recent evaluation of contractor safety performance:

**End of Section 7**

Program ID: 1

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Enter date of most recent pre-startup review. NUM OVR

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Are you claiming CBI in this section? ☐

## 8. Prevention Program 2

8.1 NAICS Code 11141

8.2 Chemical(s)

8.3 Safety Information

a. The date of the most recent review or revision of the safety information:

b. Select all Federal or state regulations or industry-specific design codes and standards used to demonstrate compliance with the safety information requirement:

NFPA 58 (or state law based on NFPA 58): ☒ ANSI Standards: ☐

OSHA (29 CFR 1910.111): ☒ ASME Standards: ☐

ASTM Standards: ☐ None: ☐

Other (Specify):

Comments:

Program ID: 1

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

8.1 NAICS Code

8.3 Safety Information

a. The date of

b. Select all F

used to dem

NFPA 58

**Chemicals Reported in Prevention Program 2 (Program ID 1)**

**8.2 Chemicals from Covered Process**

	Chemical Name
3	1-Chloropropylene [1-Propene, 1-chloro-]
*	

Select All Close

Other (Specify):

Comments:

Program ID: 1

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**8.4 Hazard review**

a. The date of completion of most recent hazard review or update:

b. The expected date of completion of any changes resulting from the hazard review:

c. Major hazards identified (check all that apply):

Toxic release: <input type="checkbox"/>	Overpressurization: <input type="checkbox"/>	Earthquake: <input type="checkbox"/>
Fire: <input type="checkbox"/>	Corrosion: <input checked="" type="checkbox"/>	Floods (flood plain): <input type="checkbox"/>
Explosion: <input type="checkbox"/>	Overfilling: <input checked="" type="checkbox"/>	Tornado: <input type="checkbox"/>
Runaway reaction: <input type="checkbox"/>	Contamination: <input type="checkbox"/>	Hurricanes: <input type="checkbox"/>
Polymerization: <input type="checkbox"/>	Equipment failure: <input type="checkbox"/>	Other (Specify):
Loss of cooling, heating, electricity, instrument air: <input type="checkbox"/>		

Program ID: 1

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Record: 1 of 1

Enter date of completion of most recent hazard review or update.

NUM OVR

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**d. Process controls in use (check all that apply):**

<b>Vents:</b> <input type="checkbox"/>	<b>Emergency air supply:</b> <input type="checkbox"/>
<b>Relief valves:</b> <input checked="" type="checkbox"/>	<b>Emergency power:</b> <input checked="" type="checkbox"/>
<b>Check valves:</b> <input checked="" type="checkbox"/>	<b>Backup pump:</b> <input checked="" type="checkbox"/>
<b>Scrubbers:</b> <input checked="" type="checkbox"/>	<b>Grounding equipment:</b> <input type="checkbox"/>
<b>Flares:</b> <input type="checkbox"/>	<b>Inhibitor addition:</b> <input type="checkbox"/>
<b>Manual shutoffs:</b> <input checked="" type="checkbox"/>	<b>Rupture disks:</b> <input type="checkbox"/>
<b>Automatic shutoffs:</b> <input checked="" type="checkbox"/>	<b>Excess flow device:</b> <input checked="" type="checkbox"/>
<b>Interlocks:</b> <input type="checkbox"/>	<b>Quench system:</b> <input checked="" type="checkbox"/>
<b>Alarms and procedures:</b> <input type="checkbox"/>	<b>Purge system:</b> <input checked="" type="checkbox"/>
<b>Keyed bypass:</b> <input type="checkbox"/>	<b>Other (Specify):</b> <input type="text"/>

Program ID: 1

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Record: 1 of 1

Press spacebar or click to select.

NUM OVR

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**e. Mitigation systems in use (check all that apply):**

<b>Sprinkler system:</b> <input type="checkbox"/>	<b>Deluge system:</b> <input type="checkbox"/>
<b>Dikes:</b> <input type="checkbox"/>	<b>Water curtain:</b> <input type="checkbox"/>
<b>Fire walls:</b> <input type="checkbox"/>	<b>Enclosure:</b> <input checked="" type="checkbox"/>
<b>Blast walls:</b> <input type="checkbox"/>	<b>Neutralization:</b> <input type="checkbox"/>
<b>Other (Specify):</b> <input type="text"/>	

**f. Monitoring/detection systems in use (check all that apply):**

<b>Process area detectors:</b> <input type="checkbox"/>	<b>Other (specify):</b> <input type="text"/>
<b>Perimeter monitors:</b> <input checked="" type="checkbox"/>	

Program ID: 1

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Press spacebar or click to select.

NUM OVR

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**g. Changes since last hazard review date (check all that apply):**

Reduction in chemical inventory: ☒      Installation of perimeter monitoring systems: ☐

Increase in chemical inventory: ☒      Installation of mitigation systems: ☐

Change process parameters: ☐      None required/recommended: ☐

Installation of process controls: ☐      Other (Specify):

Installation of process detection systems: ☐

**8.5 The date of the most recent review or revision of operating procedures:**

**8.6 Training**

**a. The date of the most recent review or revision of training programs:**

**b. The type of training provided:**      Classroom: ☒      On the job: ☒

Other training (Specify):

Program ID: 1

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Press spacebar or click to select.

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**8.6 Training (Cont'd)**

**c. The type of competency testing used: (Select all that apply)**

Written tests: ☐      Observation: ☐

Oral tests: ☒      Other (Specify):

Demonstration: ☒

**8.7 Maintenance**

**a. The date of the most recent review or revision of maintenance procedures:**

**b. The date of the most recent equipment inspection or test:**

**c. The equipment inspected or tested:**

Program ID: 1

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Press spacebar or click to select.

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## 8. Prevention Program 2

Are you claiming CBI in this section? ☐

**8.8 Compliance audits**

a. The date of the most recent compliance audit: 10/08/1999

b. The expected date of completion of any changes resulting from the compliance audit: 10/08/1999

**8.9 Incident investigation**

a. The date of the most recent incident investigation: 10/20/1997

b. The expected date of completion of any changes resulting from the investigation: 10/25/1997

**8.10 The date of the most recent change that triggered a review or revision of safety information, the hazard review, operating or maintenance procedures, or training:** 10/25/1997

**End of Section 8**

Program ID: 1

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Record: 1 of 1

Enter date of most recent compliance audit. NUM OVR

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## 9. Emergency Response

**9.1 Written Emergency Response (ER) Plan**

a. Facility included in written community emergency response plan ☒

b. Facility has its own written emergency response plan ☒

**9.2 Does facility's ER plan include specific actions to be taken in response to accidental releases of a regulated substance(s)?** ☒

**9.3 Does facility's ER plan include procedures for informing the public and local agencies responding to accidental release?** ☒

**9.4 Does facility's ER plan include information on emergency health care?** ☒

**9.5 Date of most recent review/update of facility's ER plan:** 01/15/1999

**9.6 Date of the most recent ER training for facility's employees:** 03/25/1999

**9.7 Local agency with which the facility ER plan or response activities are coordinated.**

a. Name of agency: Fire Department b. Telephone number:

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Press spacebar or click to select. FLTR NUM

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## 9. Emergency Response

9.8 Subject to (check all that apply)

OSHA 1910.38 (Emergency Action Plan): ☐

OSHA 1910.120 (HAZWOPER): ☒

Clean Water Act/SPCC: ☐

RCRA: ☐

OPA-90: ☐

State EPCRA Rules/Law: ☐

Other (Specify):

End of Section 9

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OSHA 1910.38 (Emergency Action Plan) FLTR NUM OVR

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## Executive Summary

To enter text on next line: Press Ctrl+Enter key.

Close

Describe accidental release prevention and emergency response policies. FLTR NUM OVR